

## CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR COMMUNITY BASED SERVICES

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## **Contract Correspondence Transmittal (CCT)**

CCT Number: 11-04 Date of Issue: April 29, 2011

Division/Branch: Protection and Permanency

Key Words/Phrases: National Youth in Transition Database (NYTD)

Attachments/Forms: NYTD Checklist

Dear PCC/PCP Provider,

Pursuant to federal regulation as of October 1, 2010, Chafee Independent Living Services provided in Kentucky are being documented in a federal National Youth in Transition Database (NYTD). NYTD will be used to evaluate the Chafee services provided by each state. Private child-caring/placing (PCC/PCP) agencies will play a critical role in providing accurate documentation. The information provided will be entered in our database by the independent living coordinators. It is vital to enter accurate information on all services provided to youth in out of home care as these federal regulations focus on service provision for transitioning youth. A lack of documented service provision will adversely impact the funding received for Chafee Independent Living Services.

A checklist of NYTD elements has been created to document the services that have been provided by each agency. This checklist should be used as a guide for PCC/PCP staff as they record services being provided to youth. PCC/PCP staff need to e-mail the completed checklist quarterly on youth age (16) sixteen and older to <a href="Chafee.ILP@ky.gov">Chafee.ILP@ky.gov</a>. The first reporting period ended on March 31, 2011. The checklist for the first reporting period needs to be returned by May 31, 2011. Our second reporting period began April 1, 2011 and will last through September 20, 2011. When submitting information, please ensure the services being reported fall within the dates of the appropriate reporting period. However, any changes in services should continue to be updated as new services are provided to the youth. Please submit updated service changes bi-monthly. It is very important to provide an accurate picture of the ongoing services youth are receiving in order to be compliant with federal guidelines.

We anticipate that this expectation is only an interim solution. As we move forward in meeting the new federal guidelines of the NYTD, we will continue to update you on technological changes that may occur to expedite the flow of information.

Kentucky An Equal

As a reminder, PCC/PCPs are responsible, per the PCC agreement, for teaching independent living classes to youth 16 and older, thus it is very important to submit the stipend requests to the regional independent living coordinator (ILC) who will then submit the appropriate paperwork to central office.

We appreciate this opportunity to partner with you to reflect the services provided for these youth. If you have any questions, please feel free to contact Paula Saenz at <a href="mailto:paula.saenz@ky.gov">paula.saenz@ky.gov</a> or Shelley Brown at <a href="mailto:shelley.brown@ky.gov">shelley.brown@ky.gov</a>.

Thank you for your continued commitment to serve our youth.

Sincerely,

Michael Cheek

Director



	Reporting Period		
Youth Name:	October 1st to March 31st		
	☐ April 1st to September 30th		
SSN: DOB:			
Email:			
Sex: Male Female Hispan	ic: Yes No Recognized Tribe: Yes No		
Race: American Indian/Alaskan Native	☐ Asian		
☐ Black or African American	☐ Multiracial		
☐ Native Hawaiian or Other Pacific	Islander		
	,		
Has Youth Received Foster Care Services Fro	om Another State?		
Was Youth Adopted From Another State?	☐ Yes ☐ No		
Is Youth Living in a Supervised Independent I	Living Arrangement?		
	uth is living independently under a supervised arrangement that is paid for		
or provided by the State agency. A youth in supervised independent living is not supervised 24 hours a day by an adult and often is provided with increased responsibilities, such as paying bills, assuming leases, and working with a landlord, while			
under the supervision of an adult. Indicate whether the youth was living in a supervised independent living setting that was paid or provided by the State agency during the reporting period with a "yes" or "no" as appropriate.			
paid of provided by the state agency dolling the	reporting period with a yes of the as appropriate.		
Has the State or Federal Court Adjudicated	Youth as Delinquent?   Yes   No		
Has Youth Received or Currently Receiving S	ervices From Department of Juvenile Justice?  Yes  No		
Did the Youth Receive Special Education?	Yes No Last Grade Completed?		
Date the Youth Last Completed the Indeper	ndent Living Needs Assessment?		



Has the Youth Received Any of the Following Services in the Current Reporting Period? Academic Support Academic Counseling ☐ Help Accessing Educational Resources Help With Homework Literacy Training Prep for GED Study Skills Training Post-Secondary Educational Support Classes for Test Prep (SAT, ACT) ☐ Counseling About College ☐ Info about Financial Aid & Scholarships ☐ Help Completing College or Loan Apps ☐ Tutoring While in College **Career Preparation Services** Assistance in Writing Resumes, Completing Job Applications Assistance with Interview Skills Guidance in Setting and Assessing Vocational and Career Interest and Skills Help in Matching Interests and Abilities with Vocational Goals Job Seeking and Job Placement Support ☐ Job Shadowing Learning How to Work With Employers and Other Employees □ Receiving Job Referrals ☐ Retention Support Securing Work Permits Understanding Authority and Customer Relationships ☐ Understanding Employee benefits and Coverage Understanding Workplace Values (Timeliness and Appearance) Using Career Resource Libraries

□ Vocational and Career Assessment



Employment Programs or Vocational Iraining	9		
Participation in Apprenticeship, Internship	p or Summer Employ	ment	
Participation in Vocational or Trade Prog	yrams .		
Receipt of Training in Occupational Class Science, Etc	ses Such As Cosmeto	ology, Auto Mechanics, Nursing, Computer	
Budget and Financial Management Training			
☐ Accessing Information about Credit	☐ Balancing a Checkbook		
☐ Completing Tax Forms	☐ Developing Consumer Awareness & Smart Shopping Skills		
☐ Loans and Taxes	Opening and Using a Checking and Savings Account		
☐ Training and Practice of Living within a Bo	udget		
Housing / Home Management Training			
☐ Basic Maintenance & Repairs	Filing out Rental Applications & Acquiring a Lease		
☐ Handling Landlord Complaints	☐ Handling Security Deposits & Utilities		
Living Cooperatively	☐ Meal Planning, Grocery Shopping & Meal Prep		
Understanding Practices for Keeping a H	ealthy & Safe Home		
☐ Understanding Tenant's Rights & Respons	sibilities		
<u>Health / Risk Prevention Training</u>			
First Aid		☐ Health Care Resources & Insurances	
☐ HIV & Other Sexually Transmitted Disease Prevention		☐ Medical & Dental	
☐ Info about Hygiene, Nutrition, Fitness, & Exercise		☐ Pregnancy Prevention & Planning	
Received Info about a Health Care Power of Attorney		Sex Education & Abstinence	
Received Info about Designating a Heal	th Care Proxy		
Received Info about Options for Health I	nsurance		

☐ Substance Abuse Avoidance, Prevention and Intervention



## □ Childcare Skills and Teen Parenting □ Education and Info on Safe & Stable Families □ Parenting & Responsibility Parenthood □ Healthy Marriages & Spousal Communication □ Did Youth Receive Mentoring Assistance? □ Yes □ No Did Youth Receive Room/Board Assistance, Rent, Deposits, and Utilities? □ Yes □ No

Form Completed By:

Did Youth Receive Educational Financial Assistance?

Did Youth Receive Other Financial Assistance (IL Skills Stipend)?

**Healthy Marriage Training** 

Date:

Agency:

Relationship to Youth:

☐ Yes

☐ Yes

☐ No

□ No